

My Goal Is:

- ☐ \$ 200
☐ \$ 300
☐ \$ 500
☐ \$ 1,000
☐ _____

SPONSOR PLEDGE FORM

Walker's Name: _____

Address: _____ Zip: _____

Phone Number: _____

E-mail: _____

Church or Group: _____

I am an/a: ☐ Adult ☐ Teen ☐ Child

FOR OFFICE USE ONLY

Please PRINT All Information and Indicate the Total Pledge Desired

FIRST _____ LAST _____

ADDRESS _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

☐ \$20 ☐ \$30 ☐ \$50 ☐ \$100 ☐ Other\$ _____

FIRST _____ LAST _____

ADDRESS _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

☐ \$20 ☐ \$30 ☐ \$50 ☐ \$100 ☐ Other\$ _____

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CITY _____ ST _____ ZIP CODE _____

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ADDRESS _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

☐ \$20 ☐ \$30 ☐ \$50 ☐ \$100 ☐ Other\$ _____

FIRST _____ LAST _____

ADDRESS _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

☐ \$20 ☐ \$30 ☐ \$50 ☐ \$100 ☐ Other\$ _____

Please remember the ZIP CODES!

Total pledges on this sheet. \$ _____